



Holy Spirit Senior Primary School,
Greenhills,
Walkinstown, Dublin 12. D12 AY63.

Email: principalholyspiritgreenhills@gmail.com
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Tel: 4506019

Items marked with an * are required for the Department of Education and Skills Primary Online Database (P.O.D.)

*First Name: *Surname:

(First Name and Surname as appears on Birth Certificate)

*Address:

*Date of Birth: *PPS No: *Nationality:

Home Telephone No:

Mother's Name: *Mother's Maiden Name: Mobile:

Father's Name: Mobile:

Emergency Contact 1: Name Relationship Phone

Emergency Contact 2: Name Relationship Phone

Name, address and phone number of Current School:

Class to which your child is entering Year of entry

Child's first language:

Brothers /Sisters attending Holy Spirit Junior Primary School:

*Has your child ever been assessed by an Educational Psychologist, Speech Therapist or Occupational Therapist or has assessment been recommended? Yes No

If *yes* please give a copy of the report to the Principal

*Does your child attend Learning Support Yes No

I agree to abide by the school's rules and to support my child in doing likewise.

Signed Parent/ Guardian

MEDICAL CONSENT

Does your child suffer from any medical condition or allergy?

Yes No

If **yes** please give details:

I give permission for my child to participate in the SPHE (Social Personal and Health Education) programme which includes the RSE (Relationship and Sexuality Programme).

Signed **Parent/ Guardian**

In the event of serious illness / accident every effort will be made to contact parent(s) / guardian(s) by telephone.

In the event of you not being contactable

Do you agree to allow a staff member to take your child to the health clinic / hospital / doctor? Yes No

Do you give permission for a staff member to sign a hospital consent form? Yes No

Doctor's Name: **Telephone No:**

Doctor's Address:

Child's Name in Full:

Signed **Parent/ Guardian**

SCHOOL WEBSITE CONSENT

We may wish to include photographs / video of children or their work / activities on our website. No surnames or personal information will appear.

I **consent** to photographs of my child's work/ activities being included on the school's website Yes No

Signed **Parent/ Guardian**

TEXT-A-PARENT

We have adopted an additional method of School-Home communication called 'Text-a-Parent' and request your cooperation to ensure its effectiveness. Our aim is to keep parents fully informed of important information, date or time changes of events and reminders of up-coming school related activities. However, most communication will continue to be done by letter. Please ensure that we have your most up to date and reliable number at all times.

Child's Name:

Please indicate the phone number which should receive text messages from the school.

Mobile Phone Number: (Please only give one mobile number)

Relationship to child: Please tick: Mother Father Other (please specify)

I give my permission for Holy Spirit Senior Primary School to request school reports from other schools and relevant bodies **Yes** **No**

I give my permission for the Holy Spirit Senior Primary School to share my child's personal information i.e, Name; Address; DOB; Contact Details, with the Health Services Executive for the School Dental Programme **Yes** **No**

I give my child permission to go on school tours and outings **Yes** **No**

I give my permission for my child to have his / her photograph taken. *(There is no obligation to purchase)* **Yes** **No**

PRIMARY ONLINE DATABASE (P.O.D.) CONSENT for Religion, Ethnicity / Cultural background

All pupils must be registered on the Department of Education and Skills Primary Online Database (P.O.D.). Included in this registration is a request for information regarding Religion, ethnicity and cultural background. This information is deemed sensitive by the Data Protection Commissioner.

I **consent** to the information I provide regarding Religion, Ethnicity / Cultural background to be included on POD. **Yes** **No**

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories based on the Census of Population)

White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Roma	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Other (inc. mixed background)	<input type="checkbox"/>
No Consent	<input type="checkbox"/>				

What is your child's religion?

Roman Catholic	<input type="checkbox"/>	Church of Ireland (incl Protestant)	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>
Methodist, Wesleyan	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim (Islamic)	<input type="checkbox"/>
Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>	Apostolic or Pentecostal	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>
Other Religions	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	No Consent	<input type="checkbox"/>

I consent for the this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed **Parent/ Guardian**

Date: